

MAIL TO: State of Colorado
Motor Vehicle Division
Traffic Records
Denver, CO 80261-0016

Line up to upper left corner of CDOT code "block"

Line up to VEH # "block"

AA - Vehicle # (as listed above)		II - Name/Address	
BB - Position in/on vehicle See diagram		<div style="text-align: center; margin-bottom: 10px;"> </div>	
CC - Occupant restraint use			
1 Yes 2 No 3 Child safety			
DD - Ejection			
1 Yes 2 No 3 Extricated			
EE - Cycle protection		<div style="text-align: center; margin-bottom: 10px;"> </div>	
1 None 2 Helmet and eye protection			
3 Helmet only 4 Eye protection only			
5 Bicycle helmet (bicycleonly)			
FF - Injury severity			
1 No injury 2 Possible injury		<div style="text-align: center; margin-bottom: 10px;"> </div>	
3 Evident, non-incompacitating			
4 Evident, incompetating 5 Fatal			
GG - Age			
HH - Sex			
		<div style="text-align: center; margin-bottom: 10px;"> </div>	
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DR 447 (REV 1/97)

SHEET OF SHEETS

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[illegible]

DESCRIBE ACCIDENT



CDOT CODE		AGENCY CODE		DOR CODE							
DATE OF ACCIDENT		CITY		AGENCY		COUNTY					
TIME		OFFICER NUMBER		OFFICER NAME		SIGNATURE		DETAIL			
DATE OF REPORT		LOCATION ROUTE, STREET, ROAD						____ MILES ____ FEET <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		OF:	
VEHICLE # (AS LISTED ON DR 447)								<input type="checkbox"/> AT:			

DRIVERS LAST NAME		FIRST		MI		CARRIERS IDENTIFICATION NUMBERS							
CARRIERS NAME						US DOT NUMBER							
STREET ADDRESS						ICC MC NUMBER							
CITY				STATE		ZIP CODE		STATE ID NUMBER				STATE	

SOURCE OF NAME				TOTAL NUMBER OF AXLES INCLUDING TRUCK AND TRAILER(S)							
1 SIDE OF VEHICLE				<div></div>							
2 SHIPPING PAPERS, TRUCK, BUS OR TRIP MANIFEST											
3 DRIVER											
4 LOGBOOK											
HAZARDOUS MATERIAL AND PLACARDING											
DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD <input type="checkbox"/> YES <input type="checkbox"/> NO											
IF YES											
4-DIGIT PLACARD NUMBER OR NAME TAKEN FROM THE MIDDLE OF THE DIAMOND OR FROM THE RECTANGULAR BOX:				<div></div>							
1-DIGIT PLACARD NUMBER TAKEN FROM BOTTOM OF DIAMOND:				<div></div>							
WAS HAZARDOUS CARGO FROM THE PLACARD TRUCK RELEASED? (DO NOT COUNT FUEL FROM THE VEHICLE FUEL TANK) <input type="checkbox"/> YES <input type="checkbox"/> NO											

GROSS VEHICLE WEIGHT RATING (GVWR)											
SEQUENCE OF EVENTS (FIRST FOUR FOR THIS VEHICLE)											
01 RAN OFF ROAD				<div></div>							
02 JACKKNIFE				<div></div>							
03 OVERTURN (ROLLOVER)				<div></div>							
04 DOWNHILL RUNAWAY				<div></div>							
05 CARGO LOSS OR SHIFT				<div></div>							
06 EXPLOSION OR FIRE				<div></div>							
07 SEPARATION OF UNITS				<div></div>							
COLLISION INVOLVING											
08 PEDESTRIAN				<div></div>							
09 MOTER VEHICLE IN TRANSPORT				<div></div>							
10 PARKED MOTER VEHICLE				<div></div>							
11 TRAIN				<div></div>							
12 PEDALCYCLE				<div></div>							
13 ANIMAL				<div></div>							
14 FIXED OBJECT				<div></div>							
15 OTHER OBJECT				<div></div>							
16 OTHER EVENT:				<div></div>							
TRUCK COMBINATIONS											
20 TK, SELF-CONTAINED											
21 TK, SELF-CONTAINED/TLR											
22 TK, SELF-CONTAINED/TLR/TLR											
23 TK, TRACTOR ONLY											
24 TK, TRACTOR/TNK											
25 TK, TRACTOR/TNK/TNK											
26 TK, TRACTOR/TNK/TNK/TNK											
27 TK, TRACTOR/SEMI-TRL											
28 TK, TRACTOR/SEMI-TRL/TRL											
29 TK, TRACTOR/SEMI-TRL/TRL/TRL											

CARGO BODY TYPE											
1 VAN/ENCLOSED BOX											
2 CARGO TANK											
3 FLATBED											
4 DUMP											
5 CONCRETE MIXER											
6 AUTO TRANSPORTER											
7 GARBAGE/REFUSE											
8 BUS SEATING >16 PASSENGERS (Including driver)											
9 SCHOOL BUS >15 PASSENGERS (Including driver)											
10 OTHER (i.e., multiple-body types)											
COMBINATION VEHICLE DIMENSIONS											
<div><div><div></div><div></div><div></div><div></div></div><div>(1)</div><div>(2)</div><div>(3)</div><div>(3)</div><div>(3)</div></div>											
1 TOTAL LENGTH				<div></div>							
2 TRAILER WIDTH				<div></div>							
3 TRAILER LENGTH (#1)				<div></div>							
3 TRAILER LENGTH (#2)				<div></div>							
3 TRAILER LENGTH (#3)				<div></div>							

DR 447B (1/97)

SHEET _____ OF _____ SHEETS

EMERGENCY MEDICAL SERVICES (ALL TIMES ARE MILITARY TIME) TIME NOTIFIEDTIME ARRIVED @ SCENE TIME ARRIVED @ HOSPITAL			VEHICLE #1 OR CRASH AVOIDANCE MANEUVER 1 NO AVOIDANCE MANEUVER 2 BRAKING (skid marks evident) 3 BRAKING (no skid marks, driver stated) 4 BRAKING (other reported evidence) 5 STEERING (evidence or stated) 6 STEERING AND BRAKING (evidence or stated) 7 OTHER AVOIDANCE MANEUVER			VEHICLE #2 OR CRASH AVOIDANCE MANEUVER 1 NO AVOIDANCE MANEUVER 2 BRAKING (skid marks evident) 3 BRAKING (no skid marks, driver stated) 4 BRAKING (other reported evidence) 5 STEERING (evidence or stated) 6 STEERING AND BRAKING (evidence or stated) 7 OTHER AVOIDANCE MANEUVER		
IF TIMES ARE UNKNOWN PROVIDE NAME OF RESPONDING SERVICES			VEHICLE DEFECT 1 NO APPARENT CONTRIBUTING FACTORS 2 BRAKES INOPERATIVE/OUT OF ADJUSTMENT 3 IMPROPER TIRES FOR CONDITIONS 4 SUDDEN TIRE FAILURE 5 WINDOWS OBSCURED 6 INOPERABLE SIGNALING DEVICES 7 DEFECTIVE HEADLIGHTS 8 DEFECTIVE BRAKE/TAIL LIGHTS 9 OTHER CONTRIBUTING FACTOR (describe in accident narrative)			VEHICLE DEFECT 1 NO APPARENT CONTRIBUTING FACTORS 2 BRAKES INOPERATIVE/OUT OF ADJUSTMENT 3 IMPROPER TIRES FOR CONDITIONS 4 SUDDEN TIRE FAILURE 5 WINDOWS OBSCURED 6 INOPERABLE SIGNALING DEVICES 7 DEFECTIVE HEADLIGHTS 8 DEFECTIVE BRAKE/TAIL LIGHTS 9 OTHER CONTRIBUTING FACTOR (describe in accident narrative)		
TRAFFICWAY FLOW 1 NOT DIVIDED (TWO WAY) 2 DIVIDED, MEDIAN W/O BARRIER 3 DIVIDED, MEDIAN W/BARRIER 4 ONE WAY			FIRE/HAZARDOUS MATERIALS INVOLVEMENT 1 NO FIRE/NO HAZ-MAT CARGO 2 NO FIRE/HAZ-MAT CARGO NOT INVOLVED 3 NO FIRE/HAZ-MAT INCIDENT 4 VEHICLE FIRE/NO HAZ-MAT CARGO 5 VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED 6 VEHICLE FIRE/HAZ-MAT INCIDENT			FIRE/HAZARDOUS MATERIALS INVOLVEMENT 1 NO FIRE/NO HAZ-MAT CARGO 2 NO FIRE/HAZ-MAT CARGO NOT INVOLVED 3 NO FIRE/HAZ-MAT INCIDENT 4 VEHICLE FIRE/NO HAZ-MAT CARGO 5 VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED 6 VEHICLE FIRE/HAZ-MAT INCIDENT		
NUMBER OF TRAVEL LANES			DRIVER # COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) 1 NOT RESTRICTED 2 RESTRICTIONS COMPLIED WITH 3 RESTRICTIONS NOT COMPLIED WITH 4 RESTRICTIONS - COMPLIANCE UNKNOWN			DRIVER # COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) 1 NOT RESTRICTED 2 RESTRICTIONS COMPLIED WITH 3 RESTRICTIONS NOT COMPLIED WITH 4 RESTRICTIONS - COMPLIANCE UNKNOWN		
TRAFFIC CONTROL DEVICE FUNCTIONING 1 NO CONTROLS 2 NOT FUNCTIONING 3 FUNCTIONING IMPROPERLY 4 FUNCTIONING PROPERLY								
LIST TYPES OF TRAFFIC CONTROL DEVICES								

(1) VEHICLE # (list vehicle number as on DR447)

MUST BE COMPLETED FOR ALL PERSONS INVOLVED, EXCEPT UNINJURED BUS PASSENGERS

(2) POSITION IN VEHICLE

Diagram illustrating a 3x3 grid structure. The grid is composed of a 3x3 sub-grid and a final cell. The 3x3 sub-grid contains the following values:

3	6	9
2	5	8
1	4	7

The 3x3 sub-grid is labeled with "10/11" and "12" in the center. The final cell contains the value "13". The entire structure is labeled with "14" at the top and bottom.

- | | |
|-------|---------------------------------------|
| 1 | Driver |
| 2 - 9 | Passengers |
| 10 | Other ENCLOSED passenger/cargo area |
| 11 | Other UNENCLOSED passenger/cargo area |
| 12 | Sleeper section of truck cab |
| 13 | Trailer |
| 14 | Riding/hanging to exterior |
| 15 | Pedestrian |

(3) RESTRAINT SYSTEM - USE

- | | | | | | |
|-------------------------------|-------------------------------------|---------------------------|---------------------------------|---------------------|------------------|
| 0 None used/not applicable | 1 Shoulder belt | 2 Lap belt | 3 Lap and shoulder belt | 4 Child safety seat | 5 Bicycle helmet |
| 6 Safety belt used improperly | 7 Child safety seat used improperly | 8 Helmets used improperly | 9 Restraint used - type unknown | | |

(4) AIR BAG AVAILABILITY/FUNCTION

- | 0 Non-motorist | 1 Not equipped | 2 Deployed air bag | 3 Non-deployed air bag |
|----------------|----------------|--------------------|------------------------|
|----------------|----------------|--------------------|------------------------|

(5) EJECTION PATH

- | | | | | |
|--|--|-------------------------------------|----------------------|-----------------------|
| 0 Not ejected/not applicable | 1 Through side door opening | 2 Through side window | 3 Through windshield | 4 Through back window |
| 5 Through back door/tail gate opening | 6 Through roof opening (sunroof/ convertible top down) | 7 Through roof (convertible top up) | | |
| 8 Other path (eg., back of pickup truck) | 9 Unknown | | | |

(6) ALCOHOL SUSPECTED

- | | | | | | |
|------|---------------------------|--------------|------------|--------------------------|----------|
| YES> | 1 Preliminary breath test | 2 Behavioral | 3 Observed | 4 Passive alcohol sensor | 5 Other |
| NO> | 6 Preliminary breath test | 7 Behavioral | 8 Observed | 9 Passive alcohol sensor | 10 Other |

(7) TESTED FOR ALCOHOL

- 1 YES 2 NO

(8) OTHER DRUG SUSPECTED (excluding aspirin, nicotine, alcohol)

- | | | | |
|------|--------------|-------------------------------|---------|
| YES> | 1 Behavioral | 2 Drug Recognition Technician | 3 Other |
| NO> | 4 Behavioral | 5 Drug Recognition Technician | 6 Other |

(9) TESTED FOR OTHER DRUGS

- 1 Blood 2 Urine 3 Both 4 Other 5 Not tested

[illegible]